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							_							
	in this information to													
Deb	otor 1	Dicksie S Ha	ynie			_								
	otor 2 use, if filing)					_								
Uni	ted States Bankrup	tcy Court for the	SOUTHERN DISTRIC	CT OF OHIO		_								
Cas	se number 2:1	5-bk-57269					Check	k if this is:						
(If kr	nown)			-			■ Ar	n amende	d filing					
										postpetition chapter lowing date:				
0	Official Form 106I								MM / DD/ YYYY					
S	chedule I: `	Your Inco	ome							12/1				
spo	use. If you are sep ch a separate shee	arated and you	are married and not filing wing the spouse is not filing wing wing the top of any additions.	ith you, do not include	infor	mati	on about	your spo	use. If mor	re space is needed,				
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	or non-fili	ng spouse				
	If you have more		Employment status	■ Employed				☐ Emplo	oyed					
	attach a separate information about		Employment status	☐ Not employed				☐ Not e	mployed					
	employers.		Occupation	Employee										
	Include part-time, self-employed wo		Employer's name	Pactiv LLC										
	Occupation may in or homemaker, if		Employer's address	1900 W Field Cou Lake Forest, IL 60										
			How long employed to	here? 3 months	;									
Par	t 2: Give Det	tails About Mon	thly Income											
	mate monthly incouse unless you are		ate you file this form. If y	you have nothing to rep	ort for	any	line, write	\$0 in the	space. Inclu	ude your non-filing				
	u or your non-filing e space, attach a se		re than one employer, co	ombine the information f	or all e	emplo	oyers for t	that perso	n on the line	es below. If you need				
							For Deb	otor 1	For Debt	tor 2 or g spouse				
2.			ry, and commissions (becalculate what the month)		2.	\$	1,	638.00	\$	N/A				
3.	Estimate and list	t monthly overti	me pay.		3.	+\$		0.00	+\$	N/A				

1,638.00

\$

N/A

Calculate gross Income. Add line 2 + line 3.

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Debt	or 1	Dicksie S Haynie		Case	number (if known)	2:15-bk-57	7269	
				-	Dalitand	E D-l-1-	. 0	
				For	Debtor 1	For Debto		
	Con	y line 4 here	4.	\$	1,638.00	non-filing	N/A	
	СОР	y line 4 nere	٦.	Ψ_	1,030.00	Ψ	IN/A	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	210.04	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	32.85	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$-	0.00	\$	N/A	-
	5e.	Insurance	5e.	\$-	0.00	\$	N/A	_
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A	=
	5g.	Union dues	5g.	\$ -	0.00	\$	N/A	-
	5h.	Other deductions. Specify:	5h.+	· · · —	0.00	· -	N/A	_
6			_	· —		· · · · · · · · · · · · · · · · · · ·		-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	242.89	\$	N/A	-
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ _	1,395.11	\$	N/A	-
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$ _	0.00	\$	N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent						
		regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
	8e.	Social Security	8e.	\$_	0.00	\$	N/A	_
	8f.	Other government assistance that you regularly receive		Ť-	0.00	·	14/71	-
	0	Include cash assistance and the value (if known) of any non-cash assistance	;					
		that you receive, such as food stamps (benefits under the Supplemental						
		Nutrition Assistance Program) or housing subsidies.	01	•		•		
	0	Specify:	_ 8f.	\$_	0.00	\$	N/A	-
	8g.	Pension or retirement income	8g. 8h.+	\$_	0.00		N/A	_
	8h.	Other monthly income. Specify:	_ OII. 1	• \$_	0.00	+ \$	N/A	-
9.	hhΔ	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	Δ.
٥.		· unionionionionionionionionionionionionion	٥.	_	0.00			
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$		1,395.11 + \$	N/A	\ = \$	1,395.11
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,395.11	IN/A	= \$ _	1,393.11
			. L					
11.		e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your		donte	vour roommator	s and		
		er friends or relatives.	uepen	uents	, your roominates	s, and		
		not include any amounts already included in lines 2-10 or amounts that are not	availab	le to p	oay expenses list	ed in <i>Schedu</i>	le J.	
	Spe	cify:				11.	+\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certai						
	appl		II LIADI	nucs c	and Neialeu <i>Dala</i>	1, 11 11.	\$	1,395.11
							0	
							Combin	ned y income
13.	Dον	you expect an increase or decrease within the year after you file this form	?					, moonie
		No.						
		Yes. Explain:						
		•						

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Fill	in this informa	ation to identify yo	our case:							
Deb	tor 1	Dicksie S Ha	ynie	Check if this is: ■ An amended filing □ A supplement showing postpetition chapter 13 expenses as of the following date:						
	tor 2 ouse, if filing)									
Unit	ed States Bank	ruptcy Court for the	SOUTH	ERN DISTRICT OF OHIO			MM / D	D / YYYY		
	e number <u>2</u>	:15-bk-57269								
		orm 106J	Evnor		•					
Be	as complete ormation. If n		possible. eded, atta	If two married people ar						1;
Par 1.	t 1: Desc Is this a joi	ribe Your House nt case?	hold							_
	■ No. Go t	o line 2. es Debtor 2 live i	in a separa	ate household?						
		es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.			
2.	Do you hav	ve dependents?	■ No							
	Do not list Debtor 2. Do not state dependents		☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dep age	pendent's	Does dependent live with you?	
	acpoilacino	Tallio.							□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes	
3.	expenses of	penses include of people other t nd your depende	han $_{oldsymbol{\square}}$	No Yes					Li Tes	
Est exp	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> Y				Your expo	enses	
4.		or home owners nd any rent for the		ses for your residence. I	nclude first mortgage	e 4.	\$		375.00	
	If not inclu	ded in line 4:								
	4b. Prope	estate taxes erty, homeowner's				4a. 4b.	\$		0.00	
		e maintenance, re eowner's associat				4c. 4d.			0.00 0.00	
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$		0.00	

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Debtor 1 Dick	sie S Haynie	Case number (if know	(n) 2:15-bk-57269
S Hillitiaa:			
 Utilities: 6a. Elect 	ricity, heat, natural gas	6a. \$	75.00
	er, sewer, garbage collection	6b. \$	25.00
	phone, cell phone, Internet, satellite, and cable services	6c. \$	60.00
	r. Specify:	6d. \$	
			0.00
	housekeeping supplies	7. \$	400.00
	and children's education costs	8. \$	0.00
	aundry, and dry cleaning	9. \$	50.00
	are products and services	10. \$	10.00
	d dental expenses	11. \$	0.00
	ation. Include gas, maintenance, bus or train fare.	12. \$	150.00
	ude car payments.	·	
	nent, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	contributions and religious donations	14. \$	0.00
5. Insurance.			
	ude insurance deducted from your pay or included in lines 4 or 20.	^	
15a. Life i		15a. \$	0.00
	th insurance	15b. \$	0.00
15c. Vehi	cle insurance	15c. \$	100.00
15d. Othe	r insurance. Specify:	15d. \$	0.00
. Taxes. Do	not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:		16. \$	0.00
	t or lease payments:		
17a. Car	payments for Vehicle 1	17a. \$	0.00
17b. Car	payments for Vehicle 2	17b. \$	0.00
17c. Othe	r. Specify:	17c. \$	0.00
17d. Othe		17d. \$	0.00
	nents of alimony, maintenance, and support that you did not report as	 S	
	rom your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
9. Other payr	ments you make to support others who do not live with you.	\$	0.00
Specify:		19.	
). Other real	property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Your Incom	e.
20a. Mort	gages on other property	20a. \$	0.00
20b. Real	estate taxes	20b. \$	0.00
20c. Prop	erty, homeowner's, or renter's insurance	20c. \$	0.00
	tenance, repair, and upkeep expenses	20d. \$	0.00
	eowner's association or condominium dues	20e. \$	0.00
1. Other: Spe		21. +\$	
. Other spe	City.	ZI. T Ø	0.00
2. Calculate	your monthly expenses		
22a. Add lir	nes 4 through 21.	\$	1,245.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	<u> </u>
	ne 22a and 22b. The result is your monthly expenses.	\$	1,245.00
ZZU. MUU III	to 22a and 22b. The result is your monthly expenses.	Ψ	1,243.00
3. Calculate	your monthly net income.		
23a. Copy	line 12 (your combined monthly income) from Schedule I.	23a. \$	1,395.11
	your monthly expenses from line 22c above.	23b\$	1,245.00
			.,5100
23c. Subt	ract your monthly expenses from your monthly income.		
	result is your monthly net income.	23c. \$	150.11
	pect an increase or decrease in your expenses within the year after y		
	, do you expect to finish paying for your car loan within the year or do you expect you	ur mortgage payment to	increase or decrease because of
	to the terms of your mortgage?		
No.			
☐ Yes.	Explain here:		